



State of Connecticut

Department of Public Safety / Division of State Police

State Police Troop: GCase Number: DPS-05027487

ACCIDENT INFORMATION SUMMARY

Investigating Trooper: Smart # 831Date: 06/06/05Time: 0559 hours
 Notations:
 Traffic: L
 Weather: C
 Lane 3 of 3
 Direction of Travel:
 N S E W
No. & Type of Veh's Involved: 3 Vehicle
(Passenger Car, Truck, Bus, Etc.)Related Information: (Pedestrian, Pole, Bridge Abutment, Etc)Town / City: Stamford/135Location of Accident: I-95 Westbound at exit 7

Utility Pole Name & Number (If Applicable):

Other (Specify):

Oper #1: Covington, Herbert D.Oper #2: Urgo, Robert J.DOB: 04-24-35 Gender: ☒ M ☐ FDOB: 07-16-68 Gender: ☒ M ☐ FAddress: 256 Westland St.Address: 465 Flax Hill Rd.Town: Hartford State: CT Zip: 06112Town: Norwalk State: CT. Zip: 06854Oper. Lic. # 041567101 Type: AM State: CTOper. Lic. # 198093220 Type: 2 State: CT.Owner #1: Cassirino Trucking Inc.Owner #2: SameAddress: 330 Sullivan Ave. South Windsor, Ct.Address: SameRegistration Plate: 15789A State: Ct.Registration Plate: 772tjp State: CT.Make: Ford Model: LTA9 Year: 1993Make: Lexus 4dr. Model: ES300 Tan Year: 1997VIN: 1FTYY95R7PVA25613VIN: JT8BF22G2V5005478Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/ASeatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company: Liberty MutualInsurance Company: EncompassInsurance Policy #: AT1111251406075Insurance Policy #: 261582602Injuries: NoneInjuries: NeckVehicle Damage: Rear-endVehicle Damage: Entire Body DamageVehicle Towed: ☐ No ☒ Yes, BillsVehicle Towed: ☐ No ☒ Yes, CampsOccupant(s): [Name / DOB / Address / Position in Veh]Occupant(s): [Name / DOB / Address / Position in Veh]NC-159157 DOT-219644 80,000Oper #3: Vargas, Oscar

Oper #4:

DOB: 08-02-59 Gender: ☒ M ☐ FDOB: _____ Gender: ☐ M ☐ FAddress: 2100 Whittier St.

Address: _____

Town: Rahway State: N.J. Zip: 07065

Town: _____ State: _____ Zip: _____

Oper. Lic. # V05816090008592 Type: _____ State: N.J.

Oper. Lic. # _____ Type: _____ State: _____

Owner #3: Same

Owner #4:

Address: Same

Address: _____

Registration Plate: AG397W State: N.J.

Registration Plate: _____ State: _____

Make: Ken Model: T.T. Year: 1998

Make: _____ Model: _____ Year: _____

VIN: 1XKADR9X3WJ769032

VIN: _____

Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company: Ace American Ins.

Insurance Company: _____

Insurance Policy #: LMTH07939620

Insurance Policy #: _____

Injuries: None

Injuries: _____

Vehicle Damage: Tractor Damage

Vehicle Damage: _____

Vehicle Towed: ☐ No ☒ Yes, BillsVehicle Towed: ☐ No ☐ Yes, _____Occupant(s): [Name / DOB / Address / Position in Veh]Occupant(s): [Name / DOB / Address / Position in Veh]Vargas, Daniel 05-16-96

Brief Description of Accident

Vehicles 1,2 and3 were traveling I-95 westbound at exit 7 in the center lane. Vehicle #2 was traveling behind vehicle #1 and vehicle #3 was traveling behind vehicle #2. Operator #1 was slowing for a previous accident (see case # DPS-05027485) when vehicle #2 struck the rear of vehicle #1. Operator #3 also could not slow down in time and struck the rear of vehicle #2. Vehicle #3 then drove over the rear of vehicle #2 which pushed vehicle #2 under the rear of vehicle #1. All three vehicles came to final rest blocking all three westbound lanes. This case is still under investigation.

This investigation is: ☒ Open / Continuing ☐ Closed

MEDICAL ATTENTION:

#1 Ambulance ☒ Yes, Company Stamford AMR ☐ No

Patient Name: Robert J. Urgo

Hospital: Stamford

Injuries: Neck injuries

#2 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital: _____

Injuries: _____

#3 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital: _____

Injuries: _____

#4 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital: _____

Injuries: _____

FATALITIES: Do Not Release Unless Next of Kin Notified

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

ENFORCEMENT ACTION:

Arrested _____

Warned _____

Arrested _____

Warned _____

Supervisor's Approval Required: Signature



#

207

Date

6/6/05